

Small Cities Community Development Block Grant 2014 Application



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Exhibit 3.1

Key Project Personnel - Identify all key personnel including applicant staff, consultants, sub-grantee personnel who will be involved in the proposed project.

Name	Organization	Project Role	Qualifications

Exhibit 4.1.0**Project Financing - Identify all potential sources of financing in order of lien position.**

Source of Funds By Agency	Date of Application/Commitment	Date of Commitment: Indicate FC/CC/NC/AP	Amount of Funds	Type of Funds (i.e. grant/loan)	Rate and Terms of Funding (if applicable)	Annual Debt Service	Name & Phone # of Contact Person
Total Cost							

Definitions

- Firm Commitment(FC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.
- Conditional Commitment (CC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.
- No Commitment (NC)** There is no documentation from another funding source identified by the applicant.
- Application Pending (AP)** Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

Exhibit 4.1.1**Use of Project Funds**

	Non-Small Cities Funds		Small Cities Funds		Estimate	Soft Costs as
	<u>Cash</u>	<u>In-Kind</u>	<u>Grant</u>	<u>Total</u>	Hard Costs	% of Total Cost
	\$	\$	\$	\$	\$	
Infrastructure						
Community Facilities & Improvements						
Removal of Arch. Barriers						
Public/Social Services						
Relocation						
Rehab., Preservation & Housing Activities						
Economic Development						
Planning						
General Administration	\$	\$	\$	\$	\$	
Financial Reviews			\$	\$	\$	
Total Program Activity Costs	\$	\$	\$	\$	\$	

Exhibit 4.1a.

Operating Funds and Rental Subsidies

Source of Funds By Agency	Date of your Application	Date of Commitment:	Type of Commitment: Indicate FC/CC/NC/AP	Amount of Funds	Contract Period	Name & Phone # of Contact Person

Definitions

- Firm Commitment(FC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.
- Conditional Commitment (CC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.
- No Commitment (NC)** There is no documentation from another funding source identified by the applicant.
- Application Pending (AP)** Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

Exhibit 4.1b.

Financial or Programmatic Link with Social Service Providers

Provider Agency	Date of your Application	Date of Provider's Letter/ Commitment	Type of Commitment: Indicate FC/CC/NC/AP	Name & Phone # of Contact Person

Definitions

- Firm Commitment(FC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, without condition.
- Conditional Commitment (CC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, with conditions.
- No Commitment (NC)** There is no documentation from another funding source identified by the applicant.
- Application Pending (AP)** Attach a letter or other written documentation from the provider or funding source(s) indicating that they have received information/application for the specific project.

Project Time Table**Small Cities CDBG
Project Schedule**

1. Applicant Name: _____

3. Program Year: _____

2. Project Name: _____

4. Grant # (if awarded): _____

Activity	Total Budgeted \$ Amount		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr
Construct/ Activity Costs		Projected Expenditure								
Project Soft Costs		Projected Expenditure								
Admin.		Projected Expenditure								
Total Costs		Projected Expenditure								

Note: The \$ amounts listed under quarters 1-8 should reflect the cumulative totals for the line item.

If approved, the schedule will become an Appendix to the Assistance Agreement. You will be monitored for compliance with these dates. Therefore, you must estimate the dates as wisely as possible.

Please provide projected dates of completion for the following. Be advised that these dates will be considered part of your project schedule.

Project Design and Specifications Completed: _____

Construction Bid Opening Date: _____

Construction Start Date: _____

Development Name: _____

Applicant: _____

SECTION 1 - GENERAL INFORMATION

Site Name (if any): _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Proposed Activity: _____

SECTION 2 - PROPERTY INFORMATION

Present Owner: _____

Telephone Number: _____ Fein No #: _____ SSN (if individual): _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Present Lessee: _____

Telephone Number: _____ Fein No #: _____ SSN (if individual): _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Option Holder: _____

Telephone Number: _____ Fein No#: _____ SSN (if individual): _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Acreage: _____ Shape: _____ Dimensions: _____ Frontage: _____

Size of Open Space: _____ Buildable Space Size: _____

Easements: _____ Liens: _____ R.O.W.: _____

Present Zoning: _____ *Required Zoning:* _____

Assessors Map: _____ Section: _____ Parcel: _____ Lot: _____

Adjacent Property Use:

North: _____

South: _____

East: _____

West: _____

SECTION 3 – PROPERTY/SITE ASSESSMENT

Check one box for each condition.

I. Site Conditions:

Access:	<input type="checkbox"/> None	<input type="checkbox"/> Minor Road	<input type="checkbox"/> Major Road	<input type="checkbox"/> Highway
Agri/Farm Soils :	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> State	<input type="checkbox"/> PRIME
Floodplain :	<input type="checkbox"/> None	<input type="checkbox"/> 100 yrs	<input type="checkbox"/> 500yrs	<input type="checkbox"/> Floodway
Wetlands:	<input type="checkbox"/> None	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> >50%
Water Supply:	<input type="checkbox"/> Wtrshed	<input type="checkbox"/> W/in 1K' Well	<input type="checkbox"/> Private	<input type="checkbox"/> Wells
Utilities/Water	<input type="checkbox"/> None	<input type="checkbox"/> Public	<input type="checkbox"/> W/in200'	<input type="checkbox"/> W/in 500'
Utilities/Sanitary	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'
Utilities/Storm	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'
Utilities/ Electric	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'
Utilities/Gas	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in500'

II. Unusual Site Conditions:

Does the municipality require underground utilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will utilities need to be brought to site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will road(s) need to be provided for the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes, will it be a public or private road?	<input type="checkbox"/> Public	<input type="checkbox"/> Private
Is the site located in a Historical District ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ledge or rock outcroppings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

III. Environmental Site Conditions:

Endangered species	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Above/below ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Soil Contamination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toxic Chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sediment/Soil erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water Contamination	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 4 - BUILDING INFORMATION

Total number of existing buildings on site: ____ Age of building(s) on site: ____

Building Types (check all that apply):

____ Single Family ____ Duplex ____ Twnhse ____ Multi 3-4 units ____ Multi >4 units
____ Office ____ Retail ____ Municipal ____ Community

If Other, Describe _____

Number of stories: ____ Elevator: ____ Yes ____ No Type of Const _____

Total square footage of the buildings: _____ t.s.f.

Residential: _____ s.f. Commercial: _____ s.f. Other: _____ s.f.

Are buildings currently occupied? ____ Yes ____ No

If NO, how long has it been vacant? Months/Years: _____

Are any structures of historical significance/50 years or older? ____ Yes ____ No

If Yes, describe: _____

Has the federal, state, or local Historical Commission determined that the building has historical significance? ____ Yes ____ No

Has SHPO been notified of impending rehab? ____ Yes ____ No

SECTION 5 - BUILDING(S) ASSESSMENT

Provide age and check one to describe bldg component condition. Provide a chart for each building.

I. Existing Conditions	Age	Good	Fair	Poor
Roof	____	____	____	____
Exterior	____	____	____	____
Interior	____	____	____	____
Windows	____	____	____	____
Mechanical Systems	____	____	____	____
Insulation	____	____	____	____
Electrical Systems	____	____	____	____
Floor	____	____	____	____
Structural Systems	____	____	____	____

II. Environmental Building Conditions, check all that exist **IN** or **ON** the buildings.

____ Asbestos ____ PCP's/PCB's ____ Lead Paint ____ Radon
____ Mold ____ Storage Tanks ____ Toxic Chemicals (Boilers) ____ Other

SECTION 6 – SUPPORTING DATA

The following materials and maps need to be attached to this document:

- **Location Map** showing directions to the site from a major highway. Attach as 4.4LM
- **Street Map** ¾ mile radius around site including public & community facilities. 1" = 500" (min.) to 1" = 200' (max.) Attach as 4.4SM
- **Plot plan** from the Assessor's office showing boundaries and dimensions, adjacent lots and streets. Attach as 4.4PP
- **Zoning Map:** Evidence of existing Zoning and eligible uses or applicable zoning regulations and ordinances. Attach as 4.4Z
- **Soils and Utility Map** (Indicate if included with drawings) Attach as 4.4SU
- **U. S. Geological Survey map** showing the proposed site on an 8 1/2" x 11" section of the 1:24,000 scale Soils and utility maps for the site. Attach as 4.4GS
- **Town/Engineering Map:** topography, wetlands, farmlands, ledges unusual site conditions.
- **Boring or test pit reports** made on the site or adjacent sites. (new const. only) Attach as 4.4BO
- **Interior & Exterior Site and building photographs.** A minimum of six for both interior and exterior. Attach as 4.4NPICS and 4.4XPICS
- **FEMA FIRM** (Flood Insurance Rate Map) Attach as 4.4FEMA
- A copy of a current **Phase I Environmental Site Assessment** must be submitted.
If the Phase I Assessment recommends a Phase II Assessment, it must be submitted if completed. Attach copies of each as Exhibit 4.4ESA

The Phase I Environmental Site Assessments should not be more than one year old.

If an Environmental Assessment is 1 – 3 years old, an Environmental Site Assessment Update should be submitted with the 1-3 year old Environmental Site Assessment. A new Phase I Environmental Site Assessment may be required (depending on the property status/type) if the current one is greater than 3 years old.

A **Capital Needs Assessment** (CNA) may supplement the Site & Building Report as Supporting Data. Indicate what supporting data is in the assessment. Attach as Exhibit 4.4DATA

Hazardous Materials Reports: (if applicable)

Surveys, inspections, clearance, closure reports, remediation action plans if available should be submitted if completed, especially if they were recommended by the Environmental Site Assessment. Attach as 4.4HMR

EXHIBIT 4.5H
CDBG CONSTRUCTION DRAWINGS AND SPECIFICATIONS
COMPLIANCE CERTIFICATION

GRANTEE/TOWN: _____

PROJECT NAME _____

I, _____, to the best of my knowledge, as the primary responsible grantee official do hereby certify that the construction documents (Drawings & Specifications) will be completed by a qualified professional for the above project as described below:

1. The Drawings and or Specifications for the above Project will cover the following scope of work, as indicated by the CDBG Grant:

2. The proposed design and construction, will be completed with the Construction Documents, Drawings and Specifications, prepared by a qualified professional for the above project according to the scope of work as:

- a. Permissible under the applicable zoning, building, housing, and other codes, ordinances or regulations, as modified by any waivers obtained from appropriate officials as listed in the attachment,
- b. Complies with federal design and construction requirements and other applicable federal standards, guidelines, criteria and regulations,
- c. Complies with the design and construction requirements of the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act and if applicable, the Minimum Property Standards and/or Housing Quality Standards,

Signed _____

Title: _____

Address _____

Telephone _____ Date _____

Attachments, Waivers, _____ Other _____

EXHIBIT 4.6H
RESIDENTIAL REHABILITATION STANDARDS/LEAD/ASBESTOS
COMPLIANCE CERTIFICATION

GRANTEE/TOWN: _____

PROGRAM NAME: _____

I, _____, to the best of my knowledge, as the primary responsible grantee official do hereby certify that the Rehabilitation Program Projects will be completed in accordance to CDBG Rehabilitation Standards and all governing applicable codes, regulations and requirements.

The Projects will cover the scope of work, as indicated by the CDBG Grant:

The proposed construction will be completed with the Specifications, required qualified professionals and documents according to the scope of work as:

- a. Permissible under the applicable zoning, building, housing, and other codes, ordinances or regulations, as modified by any waivers obtained from appropriate officials as listed in the attachment,
- b. Complies with federal design and construction requirements and other applicable federal standards, guidelines, criteria and regulations,
- c. Complies with the design and construction requirements of the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act and if applicable, the Minimum Property Standards and/or Housing Quality Standards,

Signed _____

Title: _____

Address _____

Telephone _____ Date _____

Attachments, Waivers, _____ Other _____